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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OBSTETRICAL REMINISCENCES.

By F. K. Bailey, M. D.

Of Knoxville, Tenn.

V.

In calling to mind the clinical scenes of "other days," it is natural to review methods of treating abnormal conditions.

Morbid appearances have, in all stages and periods in the history of medicine, been similar.

The plan of cure has varied at different times. In no department has practice been more fluctuating than in midwifery. It is proposed to make some observations in this connection upon the subject of

BLOOD-LETTING IN OBSTETRICS.

In the text books published previous to 1830, venesection was prominent as a remedial measure. To quote a common expression, "doctors bled for everything," and especially during pregnancy. It was considered heretical in theory, and almost criminal in practice, to withhold the lancet. Medical men not only regarded it imperative to bleed under certain circumstances, but patients and their friends looked upon the subject in the same light.

One-third of a century ago I commenced practice in a newly settled region of one of the Western States. The population was made up principally of young people who had removed thither in order to create homes.

Obstetrical practice consequently occurred among the hearty and robust. Such subjects generally, on becoming pregnant, complained of headache or other pains referrable to determinations of blood. Faintness, dizziness, and nausea attended nearly every case. On an appeal to Dewees, Velpeau or Denman bleeding was found a leading remedy, and the suggestion was generally followed. So common was the practice and so general the expectation on the part of the people that on arriving at the bedside, after being summoned, a bowl and bandage were invariably found in readiness.

It is not strange that, with the sanction and teaching of the best authorities, and such a state of public sentiment and expectation, that the young practitioner should be free with his lancet. More than this, too, it was found that bleeding was followed with relief of the symptoms complained of in pregnancy in a majority of cases. On the suspension of a sanguineous flow, which had become a monthly habit for years, disturbance naturally results, because a determination to the pelvic organs still recurs at the same interval, purely from force of habit.

Hence, a small bleeding at the "period" was generally practiced till after quickening, with decided benefit.

As mentioned by Prof. Barker in his lecture, published in No. 1, January 7, 1871, of the Reporter, I have often met with cases in which the time for "feeling motion" had come, without that sensation being experienced, when, on opening a vein, before the blood had flowed to the amount of three ounces the unmistakable and welcome feeling would occur so suddenly as to cause the patient to start from her seat. In the more robust subjects bleeding was employed in every variety of abnormal action found in pregnancy.

It was deemed necessary, in order to obviate

uterine pain in the early months and the later, and to thwart the tendency to abortion or premature labor. Accidents of this kind were less the result of cervical disease twenty or thirty years ago than at the present day.

But it was particularly in the lying-in-room that venesection was employed in years long past. In healthy primiparæ the preliminary pains were often distressing and unremitting. It was common to find a burning fever, full and bounding pulse, and throbbing carotids, with jactitation and general pain. Bleeding from a wide orifice with the patient in a sitting posture soon allayed those symptoms, and after a short time labor would progress favorably. In cases attended with a rigid os and perineum, bleeding, *ad deliquium* was happy in its effects.

Few women who commenced child-bearing previous to 1845 can be found whose arms do not show marks of the lancet.

But in order to fully appreciate the benefit of this procedure, it was necessary to resort to it before weariness had occurred, and exhaustion had succeeded over-action.

Within the circle of my own practice, and that of others, blood-letting began to wane before 1850. As a result of causes which cannot be discussed in this paper, a change of diathesis began to obtain. Gradually, from a sthenic condition, one of asthenia succeeded.

Instead of the sanguine, we found nervous complications and conditions, requiring a different course of treatment.

To illustrate how venesection was tolerated under some circumstances, and not admissible in others, I will remark that, while in the palmiest days of the lancet it was most useful *during* labor, it was never under my observation employed after the completion of that process. The shock caused by parturition so reduced vital energy that even in puerperal fever, or other unfavorable contingencies, loss of blood could not be tolerated.

I scarcely remember a case in which bloodletting did not result badly in puerperal fever. This fact I soon discovered, and acted accordingly, while some of my contemporaries adhered to the practice with, as I thought, bad results. The younger members of the profession, in these days, can hardly appreciate the pressure of public sentiment in favor of bloodletting thirty years ago, and how difficult it was to combat the prejudice in regard to its employment.

The writer entered upon practice after hearing two courses of lectures upon "Theory and Practice and Materia Medica," by the late WILLIAM SULLY, who labored most strenuously in opposition to blood-letting. There are many now living who can well remember how earnestly he argued this subject, and also how he even ridiculed the practice. He was the first to openly and decidedly take ground in the opposite direction. How much influence his teachings exerted upon the practice we do not know, but we do know that he lived to see venesection well nigh abandoned by the profession in our country. To discuss the causes which have effected so great a change in sentiment and action will be out of place in this connection, and might afford ample material for an extended essay.

In a retrospect of obstetrical observations and experience one cannot fail to have noticed facts bearing upon the mechanism of labor; not only to learn the different movements of the fœtus in its progress through the pelvis, but also the philosophy of uterine action. The few remarks which follow were suggested by reading an article in the *Medical Times*, of Oct. 15th, 1870, upon the muscular power of the uterus, giving the theory of Prof. HAUGHTON. He says the expulsive power required in dilating the os uteri in the first stage of labor is equal to 3.4 pounds to the square inch. Very similar is the statement of Dr. M. Duncan, who proved (?) that a force of 3.1 pounds on a square inch was necessary to rupture the membranes.

Where, however, the natural expulsive power of the uterus is aided by voluntary efforts of the woman, the force thus obtained is enormously augmented, being equal to 42 pounds to the square inch, which would represent a force of 593 pounds exerted upon the child to extrude it. On reading the above remarks it occurred to me that experience will not sustain such views. First, I do not believe that the dilatation or opening of the mouth of the uterus is effected by the contractile force of the muscles.

Do we not all know that oftentimes, when the fundal contraction is strongest and most violent, that the os will be closed the most firmly? Is it not a fact that rupture of the uterine parietes frequently occurs when the os is rigidly closed? The reasoning appears to be that the neck and mouth dilate as a re-

sult of such force, while the yielding is simultaneous or coördinate action.

If dilatation invariably attended contraction of the fundus, this view would be more tenable, because it would be an effect succeeding a cause. Every medical man of experience knows that, by reason of some contingency, violent pains will continue for hours with no appearance of advancement.

The exhibition of an anodyne, the removal of a pint of blood from the arm, the occurrence of vomiting, or the evacuation of fæcal accumulations from the rectum will be succeeded by dilatation and advancement of labor. Again, the os is very often found to be dilated and dilatable, while there is comparatively little expulsive effort on the part of the fundal muscles. We have all seen cases in which labor was well nigh accomplished during sleep. I have known scores of cases where the first intimation of labor was the rupture of the membranes and full dilatation of the os before the woman had awakened sufficiently to arouse her husband lying by her side.

The matter of dynamics above referred to might be reduced to a definite rule, provided there was uniformity in the degree of force applied in all cases.

If it is true that the os uteri is dilated only by the action of the fundal muscles, then it would only remain for us to administer a partus accelerator, in order to facilitate parturition. The more force, the more speed, would be the motto.

The mechanism of parturition, so far as the coördinate action of the fundus and mouth of the womb is concerned, is not illustrated fully by all obstetrical writers. Some make little or no mention of the relative physiological action of the two parts of the womb.

CAZEAUX, quoting from POWER, says: "Like the bladder or rectum, the uterus has two orders of nerves, sympathetic and spinal. Those from the ganglionic system are distributed to the body, while the others, derived from the nervous centers of animal life, go to the neck, which is a true sphincter for the uterus."

It is not proposed to enter into a physiological demonstration, at this time, of the mechanism of labor. It does seem, however, that if the idea of mere dynamical agency in accomplishing parturition should become general, that young men will be led into erroneous practice in administering ergot, and like medicines, in cases where a delay in dilatation resulted from reflex causes. It is very evident that dilatation of the neck and mouth of the womb is accomplished through an influence distinct from that which causes contraction of the fundal muscles.

When "Barkis is willin'," all things move along in harmony. Otherwise, if, from any cause whatever, the os is not favorably disposed, the strong muscles of the fundus may act with all possible force without any good result, and rupture often occurs.

CASE OF UTERINE TUMOR OCCURING IN A CHILD OF THIRTEEN MONTHS—DEATH AFTER OPERATION AT TWENTY MONTHS.

By P. J. FARNSWORTH, M. D.,
Of Clinton, Iowa.

Some time in September, 1870, I was called in haste to see a little girl thirteen months of age. The mother said that in bathing the child she discovered something protruding from the vulva. Nothing was in sight when I arrived. In December it again made its appearance, a dark-colored, engorged body, with wrinkled surface, filling the opening and protruding half an inch. It bled slightly when handled and appeared like a fungoid tumor. It interfered with micturition and seemed to be a source of uneasiness to the child. Making a loop of waxed cord I put it around it and carefully pushed it up with a small probe as far as possible, and then drew it down. The second day it came away without any hemorrhage, leaving nothing more in sight. In a week more another mass protruded, but now looking like a cluster of elongated grapes, of a white color. Now I had no difficulty in diagnosing it as a polypus of the gelatanoid variety. Gave the child chloroform and tried to wrest the tumor off at its attachment, which seemed to be a broad one, connected with the neck of the uterus. Succeeded in removing a part of it, when the remainder disappeared and could not be reached. In the month of February the tumor again made its appearance. Being away from home Dr. MYERS was called, who administered chloroform and applied a ligature as far up as possible; this came away in two days and the child was relieved. An injection of persulphate of iron was used. Considerable in-

flammation seemed to ensue, which subsided in a few days.

About the first of May the parents and child went visiting to Massachusetts, somewhere in the vicinity of Worcester. The child, now 20 months old, was large and fleshy, the very picture of health.

The tumor again made its appearance, and the child was taken to Dr. Jos. SARGEANT May 18th. He, with the assistance of Dr. GOES, of Worcester, Mass., removed the tumor with the ecraseur, and applied a plug saturated with carbolic acid and linseed oil; the child being under the influence of chloroform. The parents went sixteen miles into the country. The plug was removed the next day. Dr. Sargeant was informed the next day that the child was in great distress, and was vomiting. He was not sent for; the child seemed to get easier the second day, but the bowels became full and hard, the parents say, and then she sunk away and died the third day. Dr. Sargeant's inference is probably true, that the disease was metro-peritonitis. No *post-mortem* examination was allowed. Various opinions were expressed by the various physicians through whose hands she passed, as to the nature of the tumor, each of us at first sight mistaking it for a fungoid or hemorrhagic tumor. It was not such, as no blood ever came from the tumor itself. The second time I saw it, it was in clusters of a semi-transparent hue, and the pieces torn off were of a gelatinous consistency, when the outside skin was broken. I am of the opinion that it was a gelatinous polypus, such as occurs in the nasal cavities, and that it was attached to the neck of the uterus. The child was the very picture of health up to the day of the last operation. The parents are young people, in excellent health.

The ligation in February seemed to have excited some peritoneal inflammation; undoubtedly the manipulation during the last operation more easily excited metro-peritonitis, a result not to be wondered at when we consider the delicacy and dimensions of the parts and the size of the tumor.

I have never in any of my reading seen the record of such a case, a uterine tumor appearing in a child a little over a year old; its reappearance was only after the manner of a nasal polypus.

A NEW MINERAL SPRING.

By Dr. F. W. Lewis,
of Philadelphia.

In a recent journey through the southern part of this State, near the Susquehanna river, my attention was called to a mineral spring which seems to possess some remarkable virtues, and which may yet become of great service in medicine, if the favorable opinion formed by those who have tried it be confirmed by future observation. As the water is found near my native home, the reports which reached me of its curative properties had a peculiar interest beyond that professional concern with which the physician always looks upon anything that promises to increase his power over disease; hence I made as thorough an investigation as possible, in order to determine what truth there might be in the statements made of its efficacy.

Although my own experience with the water is comparatively limited, I have the direct testimony of many who have used it. Most of these who have been cured by it were suffering from an aggravated form of dyspepsia, with constipation. The usual symptoms of depression of spirits, loss of appetite, pain and weight in the epigastrium, flatulence, nausea, palpitation of the heart, and dull headache have invariably been rapidly relieved, and a decided cure effected in a very few weeks. In these cases, as in all the others hereinafter mentioned, the water was used without the addition of any other remedy, and in most cases at the patients' homes at a remote distance from the spring; so that the change of scene and air, to the agency of which the chief value of mineral waters are often attributed, cannot have assisted in the cure of the patients.

In one case the patient had formerly been under my own care for a short time, and I can speak of it with a full knowledge of the effects of this remedy. The man was attacked several years ago with intermittent fever, which was protracted, and was finally followed by dropsy as the result of the profound alteration of the blood produced by the malarial poison. The man recovered from this dropsy under the influence of the usual remedies, but was left in a condition of extreme nervous prostration. He was so feeble as to be scarcely able to walk, his skin was sallow, his hands trembled, he suffered from severe rheumatic

pains, his memory was seriously impaired, and he gradually became almost blind from a loss of sensibility in the retina. It was this last condition that I ineffectually tried to remove. After suffering from these symptoms for two years, he was induced to drink this water. He took several pints every day, and in six weeks regained his former strength, appetite, weight, and memory, was entirely free from pain, and almost entirely recovered from his amaurosis.

A troublesome case of irritation of the neck of the bladder, with acid urine and dyspepsia, was promptly relieved by the water. One of the most remarkable cases was that of a clerk in the post-office in this city, who had suffered for many years from dyspepsia, great nervous exhaustion, hypochondriasis, and urine containing so much of the phosphates that upon cooling a light stick would stand upright in it. This patient used the water for only three weeks, when all his symptoms disappeared and he regained his normal appetite and vigor.

Another case was that of a man who had an attack of Bright's disease of the kidneys, which lasted for several months. His physician, who had failed to relieve him by the ordinary means, at last advised him to visit the Sulphur Springs, in Virginia. He did so and apparently recovered, but after coming home the disease returned with greater severity than ever. He increased in weight from 128 to 175 pounds, the augmentation being solely due to the general dropsy, and was confined to bed when he began to drink the "Black Barren spring water," as it has been called. His dropsy soon disappeared after he commenced using the water, the urine no longer contained albumen, and he is now permanently cured.

Many other cases might be brought forward to show what this water promises to do, but these are sufficient to demonstrate its value. That it promises to become a useful adjunct to our resources, there can be no doubt. The water contains silica, sulphate of soda and sulphate of magnesia in small quantities. It flows from the side of a rocky and barren hill, containing carbonate of magnesia, serpentine and iron pyrites. It is from the decomposition of these rocks that the water becomes impregnated with its mineral constituents. It is agreeable to the taste, and can be readily administered to children in cases of albuminuria following scarlet fever, and here it promises to become exceedingly valuable.

SIMULTANEOUS FRACTURE OF BOTH CLAVICLES.

By Thos. J. B. Rhoads, M. D.,
Of Boyertown, Berks co., Pa.

The following case, from the extreme rarity of its occurrence, I think merits publication in The Reporter:

On Sunday forenoon, July 16th, Mr. G. R., æt. 43 years, of Earl township, Berks county, Pa., visited his father-in-law, accompanied by his wife and child. In the afternoon the two gentlemen concluded to attend a religious meeting some four or five miles away, and in order to expedite the journey they hitched up Mr. M's. team, consisting of two sprightly little mules, to a top-wagon, and started on their journey. After proceeding about three miles the coupling bolt which fastens the tongue to the axle became detached on going down a steep hill, which allowed the rear end of the tongue to drop on the heels of the mules, when they commenced to rear and run, and, despite the efforts of both gentlemen, could not be stopped. After having ran a short distance, the wagon was upset, and both were violently pitched out on a stone ridge, whereby Mr. M. received a lacerated wound along the left temple, which partially detached his left ear, with sundry other minor bruises about the head and limbs, but fortunately not breaking any bones.

Mr. R. was more unfortunate: in falling he sustained severe contusions about the upper part of his body, while both clavicles were fractured—the right being fractured near the middle through direct force, and the left toward the acromial end through indirect force applied to the scapula. When I was summoned to attend the patients I found considerable swelling over the infra and supra clavicular regions of the right side, the parts having a bluish appearance, and fluctuation indicating venous effusion.

The fractures were temporarily dressed with the usual pads in the axillæ and slings to support the arms at the elbows. The following day (Monday) I had a double apparatus constructed, according to the plans of Dr. R. J. Levis, of Philadelphia, for fracture of the clavicle, and applied it on the same day. This answered the purpose admirably for the right

side, where the fracture, being transverse, there was less liability of the broken ends to override each other than on the left side, where the fracture, being oblique, considerable difficulty was found in keeping the broken ends perfectly in apposition, unless the apparatus was drawn immoderately tight, which, however, soon caused chafing and abrasion of the soft parts, and, therefore, had to be loosened. In order to prevent the sinking down of the shoulder, in this case I resorted to an expedient which obviated that difficulty effectually. Still retaining the apparatus of Dr. Levis, I attached another strap to the outer face of the sling at the elbow, and carried it up the posterior and outer aspect of the arm just behind the acromion process of the scapula, and fastened it to the posterior buckle of the supporting band, just over the left shoulder. By drawing upon the supporting band the arm was raised, as well as the pad in the axilla, and thus the sinking down of the shoulder effectually prevented. This I consider an important addition to Dr. Levis's apparatus for dressing fractures of the clavicle.

During the first three weeks of treatment the patient was obliged to pass his nights on a large rocking chair on account of the dorsal decubitus occasioning severe pain by bringing the shoulders too much forward. The dressing for the right side was removed at the end of the fourth week. The dressing of the left side I still retain and shall do so to the end of the fifth, or probably the sixth week, as union on that side was retarded on account of the difficulty of keeping the broken ends approximated.

Medical Societies.

HARDIN COUNTY (OHIO), MEDICAL SOCIETY.

Stated Meeting, July 13, 1871.

Society met at Kenton, Ohio, at the office of Drs. Philips & Watts. The President, Dr. Jones, in the chair.

After the miscellaneous business was disposed of, the (annual) election of officers being next in order, the following named gentlemen were elected to serve for the ensuing year:

President—Dr. A. W. Munson.
Vice President—Dr. J. B. Young.
Secretary—Dr. Jesse Snodgrass.
Treasurer—Dr. J. A. Rogers.

Committee on Admissions—Dr. W. M. Chesney, of Kenton, Ohio; Dr. D. H. LeVan, Mt. Victory, Ohio; Dr. J. A. Stancell, Forrest, Ohio.

Committee on Ethics—Dr. W. H. Philips, Kenton, Ohio; Dr. W. Jones, Jr., Kenton, Ohio; Dr. J. C. Barning, Roundhead, Ohio.

PROCEEDINGS OF THE PEORIA COUNTY MEDICAL SOCIETY.

The Peoria County (Ill.) Medical Society met in Masonic Hall, at Yates City, on Wednesday, May 7th, 1871, at 1 o'clock P. M., the president, Dr. Hensley, in the chair. The minutes of the last meeting were read and approved. Reports of special committees being in order, Dr. Washburn, of Elmwood, chairman of the Committee on Practical Medicine, made his report—subject, *vital force*. Dr. Warner, of Farmington, read a paper upon asphyxia of young infants.

Dr. Corcoran, of Brimfield, made a verbal report upon strangulated hernia, relating cases with treatment. Dr. Corcoran also alluded incidentally to a recent experiment with chromic acid upon urethral stricture. Drs. Warner, Sollis, and others, made some practical remarks relating to the therapeutic action of ergot and ipecac. The president, Dr. Hensley, detailed at length his experience in the use of chloral hydrate. His remarks on this new and valuable therapeutic agent were interesting and instructive. The president was followed by each member of the society giving their respective views and experience with this remedy, all agreeing as to its value and efficiency for the purposes for which it is recommended, where administered judiciously, and with discretion, but protesting against its indiscriminate use by the public, as certain to prove disastrous; fatal results having followed its use in many instances where it has been improperly administered or taken by persons unacquainted with its effects.

Dr. Secord, of Elmwood, then read a very able essay upon typhoid fever—its pathology, causation and treatment.

Dr. Lambert, of Galesburg, then proceeded to read a very interesting and exhaustive paper upon diseases of the eye, more especially the pathology and treatment of iritis—a subject in which the profession and public are deeply interested. Many persons, old and young, annually lose their sight from this disease for the want of a proper comprehension of its nature and treatment.

On motion, the society then adjourned to meet in Farmington, Ill., on Wednesday, September 6th, at 10 o'clock, A. M.

H. Steele, M. D., Sec.

MADISON COUNTY, NEW YORK, MEDICAL SOCIETY.

The 65th anniversary of the Madison County Medical Society was held in Morrisville on Tuesday, July 11th.

The minutes of the last annual and semi-annual meetings were read and approved.

The President, Dr. A. L. SAUNDERS, then delivered a very interesting address, for which he was tendered a vote of thanks by the society, and also a request that a copy be furnished for publication.

Reports were made on the sanitary condition of the county, and remarks made by different members present on the somewhat singular disease that has prevailed quite extensively in this locality for a few months past, called by some roseola, and by others, mock measles.

Dr. Beebe, of Hamilton, reported an interesting case of a child who swallowed a large bead, which lodged in the *trachea*, and was thrown up while in a fit of coughing some four months afterwards.

Drs. Goff, Carpenter, Chase, Gray, and Mead made some remarks on surgical cases, which called forth the different views of the members present.

The officers elected for the ensuing year are, Dr. H. P. Mead, of Morrisville, President; Dr. H. W. Carpenter, of Oneida, Vice President; Dr. D. D. Chase, of Morrisville, Secretary and Treasurer.

EDITORIAL DEPARTMENT

PERISCOPE.

Pregnant Sickness.

Dr. METCALFE JOHNSON, M. R. C. S. E., speaks as follows of this complaint in the *London Medical Times & Gazette:*

One remark may here be made respecting disorders of the great sympathetic and its subjected organs, that they are generally characterized by a dislike of all sweet flavors. This has been noticed in the case of persons whose ganglionic system is disordered through the stomach by the abuse of alcohol; for I think it is Coleridge who says there is always hope for a man so long as he is fond of his pudding. But in those other forms of female ganglionism which, for want of a proper diagnosis, we designate under the generic term hysteria (though in many cases the *husteron* has nothing to do with it), the taste not only takes an aversion to sweet things, but has, apparently, a depraved tolerance of the flavor of fetid preparations and the alkalies, together with an ability to receive the stimulus of both alcohol and the carminatives, such as lavender, ammonia, cardamoms, etc., with advantage.

With these complex considerations we approach the subject of pregnant sickness or vomiting. Here we have, of course, an enlarged uterus, which physically bears a relation to the various organs of the body, such as the stomach, large and small intestines, liver, gall-bladder, kidneys, etc., different from that in health, pressing upon each, and producing a state of things with reference to each organ which, if brought about by traumatic means, would in any case bring on nausea and vomiting. But, in addition to this, the very relation to the nerve is altered, and in many cases this great change is attended with not only bodily suffering but temporary mental abberration. I have not unfrequently seen temporary insanity of a few hours' duration attend both the act of conception and the act of quickening. Everyone is of course familiar with the puerperal insanity as well as the frequent insanity which is associated more or less directly with ovarian or uterine disease.

A short time since; Mrs. A. B., æt. 24; second pregnancy, during the last month has had violent spasms all over the body, with strabismus. Mouth and hands clenched. Says she has pain all through the womb. Has great sensibility in the nipples of the breast. Bowels generally confined. Has had bleeding at the nose for the last few days. Her mother is a very excitable, clever woman, and one other close relative a somnambulist. The spasm was relieved by subcutaneous injection of morphia. I emptied the bowels by an aloetic enema, and gave her the phosphate of lime, which she took for three weeks, after which she was delivered of a very small child, the parietal bones of whose head consisted simply of two centres of ossification. Since her confinement she has been well. The spasm *never* returned after using the phosphates. I have often had tthis proof of the efficacy of the phosphates in arresting the sickness; that patients have been sent to me for "some of that medicine that relieves the sickness."

I had a patient a few weeks ago, who had been complaining for some weeks of an irresistible vomiting after every meal, who no sooner took the phosphates than all sickness ceased. This of course might be the effect of expecting to be relieved; but the cases have occurred too frequently for me to think other than that relief has been most frequently the result of the use of the phosphates. As such, I trust that some of your readers will be induced to give the remedy a trial for which I now proceed to give a physiological reason or *ratio medendi.*

As we have seen the altered shape of the uterus, the altered nerve relations, the control of the ganglionic nerve to supply the new

arterial system to be established, make a demand upon nervous influence which is very unusual. Nervous power cannot be expended without harm, unless the supply of new neuric elements makes up the deficiency. Neuric force derives much of its nutrition and source from phosphates. Moreover, the child in its formation requires more phosphates for its new bones, and if these are supplied at the expense of brain and ganglionic nerve, it follows, as a matter of course, that debility, nervousness, and all the concurrent train of symptoms must inevitably be brought about; and hence, arise those feelings of depression, peevishness, and irritability so frequently associated with the pregnant state. Nor is it to be wondered at if we consider that we take no steps to supply the new demand made upon the blood.

This view of the case is again supported by pathological evidence, when we see how that fractures in pregnant females are more frequently liable to non-union. These considerations induce me to believe that the remedy is really the cause of the relief so constantly expressed by the patient after its use for a few days. I have also for some years been in the habit of using this form of phosphates for the relief of rickety children with great success, which further confirms me in the belief that phosphates administered through the stomach do become used by the blood. I have used for children the saccharated wheat phosphates supplied by the druggists, but in the case of pregnant females I have not found these so useful, I suspect, owing to the sugar which they contain.

On the Philosophical Treatment of Cholera.

Mr. JOHN G. FRENCH, F.R.C.S., Surgeon to the Infirmary of St. James's, Westminster, writes to the *Times* and *Gazette*, (London):

A knowledge of the expedients which nature actually adopts to sustain life in cholera, under the influence of its mortal poison, indicates to my mind, the path which should be pursued; and I am convinced, by long experience, that action upon this knowledge leads to the best results in treatment. These expedients may be thus enumerated: 1. Diminution of the heart's action. 2. Diminution of the aëration of the blood. 3. Elimination of the poison. 4. Alteration of the constituents of the blood. 5. Cramps. 6. Veno-contractility. 7. Instinctive sensibility. 8. Diminution of the temperature of the surface.

It is true that these symptoms display a dangerous deviation from a state of health, a result to be expected from the presence of a virulent morbid poison; but to hope that any interference with these symptoms would ameliorate the patient's condition, is really, from my point of view, as absurd as to expect that a patient with broken legs should be able to take his usual exercise before the reparation of the injury has been accomplished, although the absurdity is far less obvious.

If, in the accident of broken bones, we deem it necessary to secure such advantages to the patient as easy position, repose, and symmetry of the injured limb, with careful regulation of the diet, it must surely be equally necessary to place the cholera patient under similar advantages; but in order to do so, the physiological condition of this patient must be fully comprehended, and it may be thus explained. The blood, then, contains a mortal poison urgently threatening life. Relief and safety depend on a freedom from this poison. The method by which this freedom is accomplished may well fill the mind with admiration and the certain conviction that such a masterpiece of contrivance is to be found in the operations of nature alone; while in the exercise of human ingenuity we too frequently find nothing but blunder. I offer here only a rude sketch of the plan, as a more subtle scrutiny would occupy too much space:

The effect of the poison is, first, to diminish the heart's action, which is necessarily associated with diminution of the aëration of the blood: congestion results, and this is relieved by secretion, which, again, affords both an escape for the poison as well as for such constituents of the blood as might occasion embolism in this abnormal condition of the circulation. The cramps possibly result from the law which assigns increased muscular irritability to diminished respiration, thus affording assistance to a feeble circulation by *vis a tergo*.

Veno-contractility is a term used by Dr. Marshall Hall to express a property which the left ventricle of the heart acquires in hybernation—namely, that of contracting under the stimulus of venous blood—although under ordinary conditions arterial blood alone will excite it to this action. It is possible that veno-contractility in cholera may afford an explanation of that phenomenon, so incomprehensible and even shocking to the mind of Magendie, refuting, as he declared, all that he had taught respecting asphyxia, a condition which he and others have erroneously assumed to exist in cholera.

Of the instinctive sensibility, by which inordinate draughts of cold water are so urgently desired, it may be said the advantage is now generally appreciated; and of the diminution of the temperature of the surface it may also be said that it is a vital phenomenon necessarily associated with the condition of the circulation. It is to be hoped that the reflection that heat more readily radiates to the surface after death than during life may induce Practitioners to desist from useless efforts to warm the surface, especially as they are so harassing to the feelings, and so prejudicial to the recovery, of the patient.

I subjoin a case in illustration of the philosophical treatment above suggested:

I was called at 5:30 a. m. on Sunday, July 17, 1870, to see Mrs. O., who was supposed to be rapidly dying. The patient was violently attacked with vomiting, purging and cramps

while visiting a daughter the previous evening, and could not be removed to her own dwelling. She was lying upon a sofa; her skin was very cold, but she was unable to bear much covering; her eyes much sunken, and pulse very feeble. Very anxious inquiry was made of me, by several of her relations who surrounded her, if there was any possible chance of her recovery, as her appearance was so altered in a few hours as to be hardly recognizable as the same person she had been the day previously. Her age is 65. I replied that she was in a very serious condition, but that I hoped and expected that in a few days she would be pretty well again; and that I considered her safety depended, mainly, in the strictest attention being paid to the directions I gave for the care and management of her case. Some ice was immediately secured by her son-in-law, and she was to take nothing for the next twenty-four hours but iced water. It was anxiously objected, that she was so cold, and that already she had been able to keep nothing on her stomach for about twelve hours. I assured her anxious attendants that iced water would not only refresh her more than anything else during the whole of the period in question, but that it would not be even safe to give her any other refreshment whatever.

On my second visit, at 9 A. M., I saw her alvine evacuation, which I had directed to be kept for my inspection, and which proved to be what is known as resembling rice water. Having an engagement out of town in the afternoon, I took with me Mr. Edward Samuel Lee, of Savile-row, at 2 P. M., who kindly undertook to visit her again early in the evening, as I could not return until 10 P. M., fearing that the anxiety of the patient's friends might occasion some interference with my instructions during my absence.

10 p. m.—The cramps had subsided; there was still some retching at lengthened intervals; pulse improved; diarrhœa had ceased, and patient felt altogether better, and had had a short but refreshing sleep.

July 18, 10 a. m.—Patient shows considerable improvement in aspect, and in every way; had not micturated since Saturday at 5 p. m.; to have broth if she liked it—a teacupful at a time, and repeated at pleasure. In the evening she took a little tea, and has recently passed a little urine.

Tuesday, 19th.—Has become cheerful, has had a moderate alvine evacuation tinged with green bile. She is to take a few small slices of bread with her broth, and in the evening she is to take some thinly cut bread-and-butter with her tea.

Wednesday, 20th.—Took tea and bread-and-butter for breakfast, gravy soup and bread for dinner, tea and bread-and-butter in the evening, with a return of appetite, and was now quite convalescent, and has remained well.

Amenorrhœa and Dysmenorrhœa Treated by Quinine Endermically.

Dr. E. Bradley, of New York, writes to the *Medical World*:

Some time since, I became convinced that many cases of obstinate amenorrhœa and dysmenorrhœa depended upon a malarial poison, and I commenced the use of counter irritation over the spine, followed by the local application of a saturated solution of quinine. In quite a number of cases, during the past six months, I have used this treatment with marked success. The method of using the quinine is to first paint the spine over its lower two-thirds with the following:

R. Oil mustard,	℥iij.	
Alcohol,	℥ij.	M.

Use a wide camel's-hair brush, and take care not to allow the solution to cover a wider space than one or two inches. Then, when the surface is thoroughly red, apply the following:

R. Quiniæ sulph.,	ʒj.	
Aquæ,	℥j.	
Acid sulph. aromat.,	q.s.	M.

In applying the essential oil of mustard, considerable pain is excited. This immediately ceases, however, on the application of the saturated solution of quinine.

In one case, in which suppression had existed for several months, the patient having had intermittent fever for some time previously and having been treated by the internal administration of quinine *unsuccessfully*, after the use of the counter-irritation and quinine locally for about three months, the menses returned, and she felt perfectly well. In another case, there had been great neuralgia of the head and uterus, and it was speedily relieved by this treatment.

In another case of dysmenorrhœa, with obstinate constipation of the bowels, the patient was entirely cured, and has not suffered from constipation since.

I am well aware that many physicians are of opinion that the quinine could not be absorbed unless the cuticle was broken. In this connection let me say that in no instance where it has been used under my observation has there been any rupture of the cuticle; and I feel confident that the quinine was not absorbed, but that it had a *very decided effect* in bringing about the cure.

There seems no good reason why quinine should not be absorbed through an unbroken skin, as well as mercurials or belladonna, and bitartrate of potash applied (in solution) over the kidney in cases of uræmia, several cases of which latter have come under the writer's observation. In the first case mentioned the patient had had intermittent fever for some time, and it had not yielded to the internal administration of quinine, and the amenorrhœa seemed beyond doubt to be due to the malarial poison. After three months' continuous use of the counter-irritation, daily followed by the quinine locally, the menses returned, and the intermittent fever was

cured; thus furnishing the most positive proof that the quinine must have been absorbed in order to break up the chills, and also that it aided very materially in bringing about the menses. This subject is to me one of great interest, and, if I succeed in inducing the profession to give this method of treatment a thorough trial, I feel assured that they will be perfectly satisfied with the results, and that many a suffering patient will thank them for having used it.

The Antiseptic Ligature, as applied in the Operation for Varicocele.

Dr. EMILE STEIGER, Prairie du Chien, Wis., writes to the *Chicago Medical Examiner:* The operation for varicocele and circocele was heretofore considered most dangerous, and was performed principally in three different methods: 1. Dissection of the spermatic bundle and ligature of the varicose veins. 2. Compression by Breschet's pincers. 3. Subcutaneous ligature, or the proceedings of "Gagne be."

Particularly the first method, but more or less the second and third, were often followed by dangerous, even fatal phlebitis. Involuntary compression or ligation of the spermatic artery, and consecutive artery, and consecutive atrophy of the testicle, endangered the second and third method.

I was called in consultation by my friend, Dr. Martin, of McGregor, in the case of L. S. (case of circocele), and I believed that ligation of spermatic artery and atrophy of the testicle could be avoided by free dissection, while phlebitis could be prevented through the antiseptic effect of carbolic acid.

The operation was performed on the 3d of April, 1871, in the following manner:

1. Incision on the left side of the scrotum, about one inch long, so as to lay open the bundle formed by the fascia of the cremaster.

2. Fixing of the bundle outside of the external wound, with help of a sound passed under it, across and over the arms of the scrotal incision.

3. Dissection of the cord, and application of two antiseptic ligatures around the varicose vein, separated nearly one inch, and cut close to the knot.

4. Excision of that portion of the vein included between the two ligatures.

5. Careful cleansing of all parts with a solution of carbolic acid j., glycerine iv., aq. xij., by sponge and syringe.

6. Closing of external wound with silk sutures, which had been prepared by being soaked for six hours in carbolated oil, and covering the scrotum with linen, also soaked in carbolated oil.

Two weeks after the operation patient was well, happy and attending to business.

I owe to the kind suggestion of Dr. D. MASON my preparation of antiseptic ligatures, consisting of violin strings, kept in a bottle of carbolated oil for at least 48 hours.

The Causes and Treatment of Œdema of the Lungs.

THOMAS K. CRUSH, M. D., House Surgeon to Bellevue Hospital, writes to the *N. Y. Medical Journal:*

Being intercurrent with maladies of the most opposite nature, œdema of the lung has a decidedly varied etiology. From observation of the large number of cases of sunstroke brought to the hospital during the past summer, and from the labored respiration, the bloody froth at the mouth, the cyanosed appearance, and the finding, after death, intense hyperæmia and œdema of the lungs, I am convinced that this mechanical impediment to the aëration of the blood is responsible for a large proportion of the deaths from insolation. Again, the fact is well known, but its cause seldom appreciated, that, in the second stage of pneumonia, a patient, who has been doing well, suddenly may develop the most alarming dyspnœa, foam at the mouth, and may die from acute carbonic acid poisoning. As a part of the general dropsy of Bright's disease, sometimes œdema of the lungs occurs with such startling rapidity that the patient is dead before treatment can be instituted. Of the same nature are those cases depending on a temporary hyperæmia of the kidney in the puerperal state. Compression of the lung whether by tumors in the thorax, by a large pleuritic effusion, or by pneumo-hydrothorax, almost necessarily produces secondary œdema.

I had lately under observation a case of aneurism of the ascending aorta, as proved by the autopsy, in which the one constant physical sign was moist crepitation over both lungs, the patient being tormented with incessant cough, and raising an amazing quantity of serum mixed with bubbles of air. In debilitated persons, who have long lain on their backs, consequent intense hypostatic congestion is always accompanied by an amount of œdema which may be dangerous. Obstruction, in the course of the systemic circulation, will cause surcharge of the pulmonary circulation with transudation of serum. To this class belong mitral stenosis and insufficiency, especially the former when complicated with pigment induration of the lungs. Aneurisms of the abdominal aorta, ovarian tumors, enlarged spleens, tumors of the liver, and those disorders of that organ which produces ascites, even intense tympanites, act in the same way.

The slighter grades of œdema demand a treatment which is to be determined in each case by etiology. Dyspnœa, from fluid accumulation in the abdomen, is relieved by tapping; tympanites, rebellious to the ordinary treatment, may be relieved by the recently introduced method of puncture of the intestines; renal dropsy, seated in the lungs, frequently yields to elaterium, or fluidounce doses of the infusion of digitalis. These drugs will be administered according to the convictions of different men, some believing in working a diseased kidney, and others not.

Although slight œdema may present no very grave symptoms, yet this circumstance should not favor inactivity, for a certain diminution of breathing surface causes carbonic acid accumulation in the blood, the nerve centres are poisoned, the patient sinks into coma and dies with general paralysis. Without doubt pneumonia is the disease in which œdema of the lung most frequently arises—an œdema of the gravest nature. In cases of sudden death from pneumonia, how very constant is the appearance of the air-cells of almost the whole of one lung filled with inflammatory exudation, while from the cut surface of the other flows bloody serum! When the portion of lung desired for air is filled on one side by liquid, and on the other by a more consistent exudation, it is manifest that a patient will die from suffocation as surely as if a rope were tied around his neck. This state of extreme œdema, whether from pneumonia or not, is recognized when the respirations are greatly hurried, when the patient bubbles at the mouth, when the previously fine râles rattle in the trachea, when the surface turns blue from overfilling of the veins, when large rhonci are felt by laying the hand on the thorax, and when the sensibilities are clouded. For this condition—which demands action as prompt as the ligature of a bleeding arterial trunk—it has been the custom at Bellevue to cover the chests with dry cups, leaving them on until large serus blebs appeared.

Sudden Decrease in the Pulse a Sign of Cerebral Complication.

Dr. GEO. GRAY writes to the *British Medical Journal*:

Diseases of the brain, from the insidious manner in which they often approach, and from the great difficulty which exists of recognizing them in their earliest stages, together with that of making an accurate diagnosis, even when we know them to be present, demand very close and careful observation on the part of the physician. I wish, therefore, to draw attention to a point which I observed in the three cases related below, viz., that during the course of diseases in which the pulse usually ranges high, a sudden diminution in its frequency took place some time before brain-complication could be recognized by any other signs. I have no doubt this may be known to many members of the profession; but, from the fact that it is not mentioned in any of the text-books on the subject with which I am acquainted, I think it has not been taken as much notice of as it deserves, for I consider that it will in many cases serve as a very material aid towards a prognosis.

In January, 1868, I was asked to prescribe for D. M., a letter-carrier, aged 45, who had for some time been laboring under an attack of pulmonary phthisis. The disease ran its usual course for some time, cavities having formed in both lungs, until suddenly on the 20th of June the pulse, which up to this had ranged from 100 to 108, fell to 74, and continued between 74 and 80 until the 16th of November, when headache followed by squinting set in. Coma and death closed the scene.

The second case was one of strumous diarrhœa in a child, aged 8, in which the pulse was constantly above 100 until two days before the manifestation of the symptoms of meningitis, when it fell to 76.

But the case which made most impression on me was the following. On the 29th of last month I received a note from a medical man requesting me to visit his child, aged 7, whom he had sent to Newcastle for change of air, and of whom he gave the following history. In January last he had measels; when recovering from this disease, he was attacked by gastric fever, which confined him to bed for five or six weeks; on partially recovering from this he had an attack of bronchitis, and now his chief disease was gastric irritability. On my visit next day I met his father, who told me that a sudden change had taken place in the little patient's pulse: during his other illnesses it had always been above 100, but on the previous day he found it reduced to 82. Having the two previous cases in mind, I told him that we must examine the patient carefully for head-symptoms. We found him lying quietly, breathing naturally, and not showing any sign of brain-diseases except the vomiting, which appeared to be gastric. Next day, under the use of fluid magnesia and milk, the vomiting had disappeared. The pulse was 82, regular and full; the tongue still coated. On the following day the same state of matters existed, except that the patient appeared more listless and complained slightly of the light, but his pupils acted naturally. On the following morning at two o'clock delirium set in, followed by coma, and death on June 12th.

Reviews and Book Notices.

NOTES ON BOOKS.

The managers of the Pennsylvania Hospital say in their report, just issued:

"In our last report we brought to your notice two very interesting volumes of surgical experience in important cases met with in your wards, the publication of similar works being then discontinued for want of means. Charities which promote habits of thought by recording valuable observations, develop new powers for human relief, and thus increase the permanent happiness of man. In this view it is proposed to devote a part of your bounty to the revival and encouragement of like efforts for the progress of science, wisely begun by your medical staff."

We are rejoiced to see this liberal and worthy policy inaugurated as a regular appropriation. Every public hospital should aim to do the same.

The description of "The Public Medical Libraries of Philadelphia," written by Dr. RICHARD J. DUNGLISON, has been published by J. B. Lippincott & Co., (12 mo. pp. 46). It contains full information on their history and present size. Probably few physicians in the country are as capable of pronouncing on the merits of a Medical Library as its writer.

Dr. SAMUEL C. BUSEY, in a pamphlet republished from the *National Medical Journal*, advocates the artificial induction of labor in uræmia. His arguments are well presented and cannot fail to command attention.

Another matter of obstetric interest is discussed by Dr. THEOPHILUS PARVIN, in an essay before the Indiana State Medical Society, (published in pamphlet form, 8 vo. pp. 13). This is "placental extraction and placental expression." He advocates the latter as the rule in all cases of parturition.

At the last meeting of the Alumni Association of the Jefferson Medical College, the audience listened to a very pleasing address, chiefly relating to the early days of the college, by Prof. S. D. GROSS. This can now be obtained in pamphlet form, and ought to be read by all who have an interest in the college (Collins, printer, pp. 29).

The able analysis of Darwin's theory of the origin and development of man, in the July number of the *Quarterly Journal of Psychology*, was by Dr. JAMES B. HUNTER, and has been separately published by D. Appleton & Co., New York (8 vo. pp. 9).

BOOK NOTICES.

The Antiseptic System: A treatise on carbolic acid and its compounds; with inquiries into the germ theories of fermentation, putrefaction, and infection; the theory and practice of disinfection, and the practical applications of antiseptics, especially in medicine and surgery. By ARTHUR ERNEST SANSOM, M. D., Lon. etc. With nine page-plates. Philadelphia: J. B. Lippincott & Co., 1871. 1 vol., cloth, 8vo., pp. 356.

This is a timely work by an author well able to treat the subject in a manner worthy the great interest which it has recently excited. It is almost needless to say that Dr. Sansom is a thorough believer in the zymotic or germ theory of disease, and that he regards that class of medicines of which carbolic acid is the most prominent—the anti-zymotics—as the most truly useful weapons in the arsenal of the materia medica.

He commences with the history and chemistry of carbolic acid, and proceeds to inquire into the mode of action in arresting fermentation and putrefaction. This naturally leads to the theories concerning these changes, which are ably discussed, and traced to the action of living organisms. Then the effect of carbolic acid on such organisms is introduced, and also on virus and the poisons of infecting diseases. The matories morbi and malaria are approached from the same standpoint, and the advantages of carbolic acid as a disinfectant illustrated. The surgical uses of the acid are freely rehearsed, and its external and internal employment given. Finally, the sulpho-carbolates are discussed.

The plates are from microscopical appearances of fungi, etc. The paper and binding are excellent.

Minutes of the 22d Annual Meeting of the American Medical Association, held in the city of San Francisco, May, 1871, pamphlet pp. 43. Price 25 cents.

These minutes will be read with interest by all who desire to keep pace with the medical events of the day. The profession has to thank the energetic permanent Secretary, Dr. WM. B. ATKINSON, for the convenient form in which they are produced. The pamphlet can be had by enclosing him the price at his residence, 1400 Pine street, Philadelphia.

Restorative Medicine. An Harveian Annual Oration delivered at the Royal College of Physicians, London, on June 21, 1871. By THOMAS KING CHAMBERS, M. D., etc. With two sequels, Philadelphia: Henry C. Lea, 1871. 12 mo. pp. 85.

This oration, though delivered in England, is printed and published in America first. Its title tells us at once what views to expect from the orator—the author of the "Renewal of Life." The originality which is claimed for the theory of restorative therapeusis may be questioned, for, to go no farther back, it is distinctly embraced in Bichat's famous definition of life.

Although we are far from sharing the sanguine faith in science applied to therapeusis (expressed notably on page 79), we welcome any one who honestly believes he has found the thread of the labyrinth. And clearly Dr. Chambers is one of those, and we wish him joy of his faith.

The sequels are in the form of conversations, in which are discussed entertainingly some of the most mooted medical topics of the day—the use of alcohol and tobacco, patent medicines, women-doctors, medical education, etc. They are quite as applicable to this country as to England, for we also are hotly engaged in these very same vexed questions.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 26, 1871.

L. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

"KILLING NO MURDER."

This is the title of a tract famous in the days of the Rump Parliament. It was written to show that under some circumstances the taking of life—even the life of a king—more especially of such a king as Charles I., of England—is not a crime, but a benefit to the public.

Broadly considered, most of us agree that killing is not murder in quite a number of cases, as in war, in self-defense, in the execution of criminals, etc. There is one particular contingency when we as physicians have to study this principle. It is in reference to destroying a fetus in order to save the life of the mother.

Opinions have changed much within no long time about this. We remember that when we were in Paris, not a dozen years ago, the question was brought before the Academy of Medicine of Brussels, and that respectable assemblage of timid old fogies ruled the subject out as "unsuitable"—*inconvenant*—though at the same time we listened to the venerable VELPEAU—never timid and not in the least inclined to mince matters—telling his class that the fetus has no independent life and no claims upon our consideration on any such account—that it is, in short, nothing more than a vegetable—*un vegetale!*

How shocking the old surgeon's consistent materialisim appeared to an audience, chiefly either Roman Catholics or nothing can readily be conceived; for the Roman Catholic Church has always opposed and continues to denounce the operation of craniotomy on a living fetus. Quite recently the newspapers of Dublin have contained an animated correspondence on the subject. It was in connection with the election of dispensary medical officers. The Rev. Canon urges that craniotomy is, under any circumstances, detestable in the eyes of Roman Catholics. The answer, of course, is, that the sole object of medical men is to fulfill their sacred duty of saving life. It rests with the patient or the patient's friends to prohibit proceedings having that object, on the ground of opposing religious or other convictions, if they entertain them. A Roman Catholic patient entertaining a settled objection to craniotomy under any circumstances would, perhaps, on the whole, be in a better position under the care of a Protestant surgeon, bounded by all the rules of his profession to respect the expression of those convictions, than a Protestant patient would be, needing and willing to benefit by the proceedings, under the care of a Catholic surgeon, whose scruples of conscience should prevent him from proposing it. This is, however, to put an extreme case. We earnestly deprecate the introduction of the element of dogmatic strife into medical elections, or in the appointment of officers whose duties need never, under any circumstances, place them in opposition to religious opinions of any kind and in general into questions of scientific purport.

For instance, there is a broad distinction, not readily understood by the non-medical reader, between the production of abortion and the induction of premature labor. The latter is an operation sanctioned by the best obstetricians of the day in a constantly in-

creasing number of contingencies. The former is to be resorted to rarely, in well defined cases, with consultation; but when required, without hesitation. We have known, at least, one case where, beyond all question, a woman was left to die, and did die, because, though it was clear and confessed that no other resource remained, a not unusual timidity about what people might say, prevented the physician from doing his obvious duty, and destroying the fœtus.

We are second to none in opposing *criminal* abortion; every physician should condemn it with his utmost strength, but the hue and cry against it must not prevent him from doing his duty, and his full duty, toward his patient. It is the lawyer's duty to defend his client by every legal means; and, far more so is the physician called upon to save the life of his patient by every resource of ingenuity and art.

Notes and Comments.

Hodgepodge.

The *Journal of the Gynæcological Society*, of Boston, publishes a page of recommendations of the press made up from medical journals, regular, irregular and defective, and from non-medical papers, etc. Better deserve and be satisfied with the recommendations of professional men and professional journals, and have nothing to do with irregulars in any shape. Their literature is of very little value, and their opinions of little worth. They court notice of any kind from regular physicians and the regular press, and make the most of it.

Errata.

Several important typhographical errors occurred in Dr. Willard's "Hospital Reports," last week, owing to the failure in the delivery of proof. On page 145, 1st paragraph, 5th line, for "gummus" read *grumous*. Same page, under "I," 5th line, for "man" read *mass*. Next paragraph, 2d line, for "Lyne" read *Lyme*. Under "3," 4th line, for "Braselor" read *Brasdor*. Page 146, 8th line, for "Gualtams" read *Guattani's*. Also 2d paragraph, 10th line, for "Vausetti" read *Vansetti*; 14th line, for "McGaigue" read *Malgaigne*. Also, 2d column, 2d line, for "Pravarz" read *Pravaz*.

Soup Tablets.

The *Chemical News* gives us from the German Manuals of Pharmacy the following receipt, by Reinsch, for making the soup tablets so much in use in the German army during the late war. The formula is as follows: Take eleven parts by weight of good suet, melt in an iron pan, and make it very hot, so as to become brown; add, while keeping the fat stirred, eighteen parts of rye meal, and continue heating and stirring so as to make the mass brown; add then four parts of dried salt and two parts of coarsely pulverized carraway seed. The mixture is then poured into tin pans somewhat like those used for making chocolate into cakes. The cakes have the appearance of chocolate, and are chiefly intended for the use of soldiers while in the field. A quantity of about one ounce of this preparation is sufficient to yield, when boiled with some water, a ration of good soup, and in case of need, the cakes being aggreeable to the taste, may be eaten raw.

Swine's Flesh.

The unfounded idea of impurity attached to the meat of this animal goes back to remote antiquity. It is alluded to in Herodotus; and it was from Egypt that Moses learned the precept of abstinence from it, notwithstanding the antagonism between the system which he established and that which prevailed on the banks of the Nile, or, in other words, with Egyptian idolatry, for the latter included the pig among the animals consecrated to Gel or Typhon, the antagonist of Osiris, and the most complete personification of the principle of evil.

It may be safely conceded that the animal from his creation was what he is now, fond of wallowing in filth, and hence would naturally arise the idea that his filthy habits would produce impure meat.

A Slight Mistake.

The Claremont (N. H.) *Eagle* says the man who fell off the stage at Bradford, a few days since, and was reported dead, was only dead drunk. He was taken to a house near by, and was examined by physicians, who pronounced him dead, and all arrangements were made for the funeral, such as procuring the coffin, watch-

ers, and numerous other requisites to make a respectable "wake." The night wore on while weary attendants watched beside the body. About midnight a miracle was witnessed. The dead suddenly raised up and declared that he could "whip every mither's son of them."

Carbolate of Lime in Whooping Cough.

DR. E. M. SNOW, of Providence, says in his last report, there is considerable *whooping cough* in the city, causing distressing and serious sickness.

He has often recommended carbolate of lime as a remedy to relieve the spasmodic fits of coughing in this disease, and the evidence is abundant that it is of real value for this purpose. It is used by exposing it to the air in the rooms where the children live and sleep, so that the odor will be plainly perceptible at all times.

Fruit as a Diet.

The Registar of Providence, R. I., again calls attention to a popular error about fruit. eferring to the deaths in July, he says:

These facts show conclusively that the popular dread of fruit as a cause of disease and death is entirely without foundation. Fruit has been more plenty than usual this season, and half-rotten fruit has been especially abundant, but the records show that in the month of July it was not the cause of a single death in this city. Nearly all the mortality from summer complaints is among children too young to eat fruit and vegetables.

The impure air that is breathed is a far more potent cause of sickness than the food that is eaten.

Sassafras Oil.

The manufacture of sassafrass oil has been conducted for the past two years in Richmond, Va., on an extensive scale. The oil manufactured amounts to two per cent. of the stock used, 800 pounds of unrectified oil being made from 40,000 pounds of the root. This quantity is further reduced by rectification and cleansing from sediment and impurity. A gallon of the fine oil weighs 10 pounds, and about 40 gallons are produced every week. The root is first cut up fine by a chopping machine, and the raw materials are placed in a large tub, which is closed, and steam is then forced through the mass. The oil is then distilled by the ordinary process. It is largely used for scenting toilet soap and for flavoring tobacco.

Workrooms.

The English journals report the arrest of a fashionable dressmaker and milliner of New Bond street, London, for overcrowding her workwomen in a small apartment. The medical inspector testified that on one occasion eighteen persons were crowded into a front workroom containing 2016 cubic feet of air, so that only 112 cubic feet were allowed to each female. On a subsequent visit seventeen persons were found in the apartment, thus allowing about 118¼ cubic feet to each workwoman. In the back workroom the hands were also crowded into entirely too small a space.

Tungstic Glue.

Tungstic glue bids fair to be an acceptable substitute for hard Indian rubber, now so high in price. It is prepared by mixing a thick solution of glue with tungstate of soda, and hydro-choloric acid, by means of which a compound of tungstic acid and glue is precipitated, which at a temperature of 86 to 140 Fahrenheit, is sufficiently elastic to admit of being drawn out into very thin sheets. On cooling, this mass becomes solid and brittle, and on being heated is again soft and plastic. This new compound, it is said, can be used for all the purposes to which hard rubber is adapted, and may prove to have valuable surgical applications.

Vaccination in London.

From the statistics for the year ending November 1st, 1870, it appears that there were 112,250 births registered in London during that period. Of these children 41,444 were operated upon by the public vaccinators, or 36,088 under one year of age, and 5,336 above one year. The number successfully vaccinated was 40,842, leaving 602 failures, or rather less than 1¼ per cent. For vaccination purposes London is divided into five districts, with an aggregate of 134 vaccinators.

Hœmatosine.

Hœmatosine is prepared as follows: Clotted blood is kneaded into a paste with the solution of some harmless coagulating salt, and is then subjected to a strong pressure. The cake thus obtained is taken out of the press, broken into crumbs, and digested with 97 parts

alcohol and three parts of some acid. The hæmatosine dissolves in the liquid which becomes strongly colored, and the "globuline" settles at the bottom of the vessel. The solution is poured off from the precepitate, and on being neutralized deposits a quantity of reddish flakes which are raw hæmatosine. This is purified by successive washings on a filter with water, alcohol and ether, and is afterward dried and reduced to a powder of a brown hue and mettallic appearance, but with neither taste nor smell. Hæmatosine is insoluble in water and alcohol, but can be dissolved in ether, all the essential oils and fatty bodies. After calcination, a residuum of protoxide of iron is obtained. According to many physiologists this is the form in which iron is contained in the blood, although German chemists think it exists there in its natural state. Hæmatosine, however, is administered in the shape of pills and lozenges in cases where iron is recommended, it being more easily absorbed by the stomach in conjunction with food.

Correspondence.

DOMESTIC.

Successful Treatment of a Severe Burn.

EDS. MED. AND SURG. REPORTER:

On the night of March 29, 1871, I was called in haste to see a little girl who, the messenger said, was "about scalded to death" from falling into a tub of hot water. The patient's home being some six or seven miles from my office, I did not see her until about three hours after the accident took place—and before my arrival a man, living in the vicinity, and calling himself a "doctor," had been there, and had the arm and hand dressed with cloths smeared with a preparation of olive oil and wheat flour rubbed together. On examining my patient I found almost the entire posterior surface of the body completely denuded of skin. Superiorly, it commenced at about the fourth cervical vertebra, and, extending downward, covered the sacrum and nates, and laterally well around the sides and to the points of the shoulders. On the left side, over the region of the ninth, tenth and eleventh ribs, not only the skin, but also the flesh itself had dropped away, well nigh laying bare the ribs. The left arm, forearm, hand and fingers were also scalded. These had been "done up," as before stated. My patient lay moaning in a half stupefied state, but, as soon as she was approached, would begin to scream with all the power at her command. Some months since I saw recommended in your excellent journal a recipe for an ointment for burns and scalds, which struck me as being "just the thing," and I resolved to try it on the first case that presented itself. I do not now remember to whom to give the credit for it, but here it is:

℞. Beeswax melted and strained, ℥j.
Flaxseed or sweet oil, ℥ij.
Tannic acid, ℈j. M.

Mix as follows: Put in a clean tin vessel and melt the wax; add the oil and stir till they are thoroughly incorporated with each other; then set off the stove and continue to stir at short intervals till cold; add the tannin immediately after setting off; add six or eight drops of fluid carbolic acid to the ounce.

I made the ointment according to the formula, and, spreading it on strips of old cloth, completely covered the denuded surface, securing them by a roller bandage, loosely applied from neck to hips. This application seemed to be particularly grateful to my little patient. She had complained of chilliness, and had vomited some before my arrival. Left some powders of morphiæ sulp. to control restlessness and pain.

March 31st—Found my patient somewhat restless, and quite feverish—complained much of her arm. She was so much alarmed at every attempt we made to examine her that we put a few drops of chloroform on a handkerchief, and applied to her nose, and while in a semi-unconscious state removed the old dressings, carefully cleansed the parts and applied new. I would recommend the mode of administering anæsthetics in all minor operations in surgery, as well. It is not necessary that the full anæsthetic effect be produced to bring about insensibility to pain. I found the back bathed in a healthy pus, and fine granulations already manifesting themselves. The arm was somewhat dry, hot and swollen. The strips spread with the ointment came away readily, while the flour and oil adhered with great tenacity. From this time onward the case progressed rapidly on to a complete cure. After the first few days, passive motion was made daily at the elbow, wrist and fingers, to prevent contraction.

April 22d—I made my last visit; found the the entire surface covered with a healthy, new skin, with the exception of one or two places above referred to, which were filling up rapidly. The case is interesting to me for the reasons, 1st, that no untoward symptoms followed the denuding of so large a surface; and, 2d, the rapidity with which the new skin was formed, aided largely, no doubt, by good food, together with the markedly soothing and healing properties of the ointment, and absolute cleanliness; which latter, in such cases particlarly, I regard as of the first importance. If the above hasty notes of this case merit a place in your valuable journal, please insert, and oblige,

Yours, &c., F. J. BAKER, M. D.

ANDOVER, N. Y., July 3, 1871.

Treatment of Skin Affections.

EDS. MED. AND SURG. REPORTER:

Having noticed an article asking for a cure, and others proposing one for the poison of toxicodendron or poison oak, I thought an item from the Pacific slope, where poison oak is as common as patent medicines, might assist some one to relieve his patient quicker than he otherwise would. By accident I chanced upon a cure, in one case at least, that I feel sufficiently satisfied of its efficacy to try in the next that applies for treatment. During the winter I was called upon to prescribe for a child suffering from porrigo favosa (wood). The child was almost sixteen months old and had been the victim of this loathsome disease for a year. The parents, after exhausting their store of knowledge, called upon a physician, who exhausted his in like manner, a thing very easy done, however, as he is not a "regular" physician, with the same unsatisfactory result. The mother became pregnant during the time, and the offensiveness of the patient's head was so intolerable as to cause her serious annoyance. I was called upon to prescribe for the fetor, the parents supposing that all curative measures had been tried. Full one-half the surface of the child's head was a solid scab, or apparently exuded matter that had dried and formed a crust. Very sickening stench. Hair completely matted together. Prescribed the following, not entirely original, however:

℞. Carbolic acid, crys.,
Sulphate sodæ, aa ℥j.
Sulphur sublim., ℥j.
Adipis, ℥j. M.

S.—Apply twice a day after washing with soap and water.

The result was that in about two weeks the child's head was well. The disease afterward returned but was cured as speedily as before.

But I have not spoken on the proposed subject, I see, but gave the above for what it is worth. A girl, æt. four years, of the same family, was subject to the influence of poison oak. They had used, in her case the different astringents, plumbi acetas, oils, patent nostrums, etc., but time had appeared to give more relief than anything else. During the progress of treatment with the small child the little girl became poisoned. The mother applied the above ointment with the happiest effect. Five months afterward she became poisoned again, and I was applied to for the same prescription. I prescribed:

℞. Acid carbolic,
Sodæ sulph., aa. ℥j.
Adipis., ℥j. M.

Sig.—Apply two or three times a day.

Result as before; relief obtained after one or two days' application. I have used the same prescription for foul ulcers, cuts that were slow to heal, etc., and have not found reason to lay it aside for something better.

J. L. HILL, M. D.

Buena Vista, Oregon, Aug. 1, 1871.

Consanguine Marriages.

EDS. MED. AND SURG. REPORTER:

Without wishing to occupy much space in your eminently practical journal, please allow me to say I wish more accurate and full statistics could be placed before the profession upon a subject treated in a clinical lecture by Mr. Soelberg Wells, reported in the *Lancet*, and copied in the REPORTER July 15, 1871, page 58, headed "Result of a Marriage of Consanguinity." Mr. Wells has given a minute and interesting account or description of his two cases, and seems to regard it as fully settled that the defective vision in these cases was a result of the marriage of first cousins.

Now, Messrs. Editors, while I do not advocate or think favorably of consanguine marriages, I do not suppose all the evils attributed are due to such cause.

The lecture above referred to brought to mind a respectable family of ten children, residing a few miles from this city, five of whom were, or had eyes, very like, and I think quite as bad, as the cases of Mr. Wells, and the parents were in no known degree related before marriage.

In another family in this vicinity there are seven children, four of whom are idiotic, and it cannot be said that this is a result of consanguine marriage. L. G. HILL.

Dover, N. H., August 8, 1871.

NEWS AND MISCELLANY.

The New York Drug Law.

The examination of druggists in New York has created some excitement among persons possessing diplomas from the regular schools of pharmacy, who protest against being obliged to pay a fee of thirty dollars for reëxamination before the board created by the act of the Legislature. The Commissioners, however, in reply to this protest, have issued a circular stating that the possession of such diplomas will receive the highest respect and consideration, but arguing that the plan adopted by the Legislature is calculated to promote the respectability of the pharmaceutical profession, and to exclude the ignorant and uneducated from its ranks. The Board of Examiners, therefore, solicits the co-operation of all intelligent druggists and the support of all regular schools of pharmacy, to which it claims to be an aid and an adjunct. The fee, which is to be paid but once, it is stated, was fixed at the published figures, in the belief that the charge of a smaller sum would detract from the dignity and consequent value of the certificates to be granted by the Board. The Commissioners also beg the regular druggists to remember that restrictive laws, while causing inconvenience to individuals, are essentially intended to provide for the welfare of the community.

Surgical Homicide.

A London paper relates the case of a certain Talbot, wounded by a Fenian. It illustrates the necessity of caution in such instances. It appears that the bullet entered in at the base of the skull.

The attendant surgeons made an attempt to recover it, first probing with a porcelain probe to ascertain the whereabouts of the bullet. In doing so the surgeon severed the occipital artery by accident; the flow of blood was stopped by pressure, and the man seemed in a fair way to recover, so much so that he was able to sit up in bed and read the papers.

On the next night the needle by which the pressure was applied was removed. Early the following morning hemorrhage ensued, and in a quarter of an hour the patient lost a pint of blood. The wound was closed as speedily as possible, but too late; anæmic convulsions set in and he died after four hours' suffering.

Now the importance of this matter is, according to the law of England, attempt at murder is not a capital crime, and if the accused be put on his trial, it will be a valid defense to prove that the bullet was not the cause of death. If the bullet made the surgical treatment, which Talbot underwent, a matter of necessity to avert death, then that same surgical treatment, though itself induced death, could not be held to exonerate the accused from the charge of murder.

But, if the surgical treatment was not necessary—if its object was merely to relieve the patient from the presence of a foreign body lodged in his skull and which was not dangerous to life—then it seems clear that whatever was the moral character of the attempt on Talbot's life, its legal character is not that of murder. Such is the opinion in medical circles here and in Dublin.

Statistics of the German War.

The Central Bureau of Information in Berlin has published a report of its operations, from which it appears that the institution during 12 months had obtained authentic information of 633,000 sick and wounded soldiers, of whom 78,000 belonged to the French, and the remaining 555,000 to the German army. Of the latter, 46,000 belonged to South Germany, so that 500,000 cases may be allotted to the North German army. It is argued that these figures do not comprise all the cases of sickness, and that making an allowance of 100,000 for the wounded, the number of unwounded sick can be placed at half a million persons.

Dr. Sayre's Views on Hip-Joint Diseases.

Dr. SAYRES, during his visit to London, has delivered a lecture on the treatment of hip-joint disease, at the University College Hospital. It is reported in the *British Medical Journal*, of July, 22, the editor of which adds: "The rapid and excellent results obtained by his light and effective extension-splint, the remarkable series of photographs which he has shown of patients having perfect motion at the newly-formed hip-joint, after the subperiostal exsection of the head of the femur and parts of the acetabulum, and the extremely ingenious application of this vertebrated probe for the discovery of dead bone at the bottom of sinuous sinuses, have arrested attention; and he has been afforded the opportunity of demonstration at St. Bartholomew's, St. Thomas's, the Middlesex, and other hospitals. We furnish in another column a full report of one of these demonstrations, with illustrations which will make the text clear. While losing the warmth and earnestness of manner of the lecturer, and something of the peculiar raciness of diction, this lecture will still be found highly instructive and valuable.

This is the second time that an American surgeon visiting this country has brought to the cognizance of the profession here what claims to be a distinct improvement in surgical practice. We are happy to afford the hospitality of our columns to such contributions; and we hope that in the future they may be more frequent. Everything which tends to give to scientific work a truly cosmopolitan character, must be hailed with satisfaction. The excellent work which is being done by our American brethren in medical and surgical practice is too little known in this country. The short visit of Dr. Sayre has, we believe, been gratifying to himself and welcome to the profession here. He has been warmly received by the most eminent surgeons, and his vivid enthusiasm and natural force of character have produced a very favorable impression.

The Pennsylvania Hospital Clinics.

The last report of this hospital, just issued, contains the following concerning its clinics:

"In obedience to the instructions of the contributors at their last annual meeting, arrangements were made with the Medical Staff to devise a plan for teaching female students of medicine, in accordance with which lectures have been delivered to the students of the Women's Medical College, in the months of October, November, December, 1870, and January, February, March, 1871, chiefly in the wards of the hospital.

"Mixed lectures have been entirely avoided.

"The physicians report that these clinics have much increased their labors, diminishing the time appropriated to patients, and have called to our attention the fact that whilst in the session of 1860–70, 500 students (42 of whom were women) attended the hospital clinics, in the session just closed but 206 students (including 32 women) have attended the course.

"If the contributors have instructions to give for the future government of the hospital in this respect, the managers will comply there-

with; but if not, they will conceive that the whole matter of lectures to females is left to their judgment and discretion."

As to what their judgment and discretion will prompt them to do, no enlightenment is offered.

A Sound Charge.

In the case of Dr. Breck, referred to a week or two ago, for damages to the person in a railroad collision, the judge charged that the jury "were to consider, in awarding the plaintiff damages for permanent injuries, his health for the period of his life thus far spent; to take him as he had stood with all his accomplishments, professional, intellectual and other, and to say what diminution the injury has produced in them, and to give him compensation therefor in dollars and cents." The plaintiff was a physician in large practice and of remarkable powers of endurance. The jury awarded him $10,000. He claimed $40,000. This is a small measure of damages for such injuries as would incapacitate a physician from doing more than a fraction of his former work, but the point was clearly settled that one man's injuries are worth more than those of another.

Dr. Sayre in London.

After the annual election of members of the Council of the Royal College of Surgeons on July 12th, the Fellows, to the number of about ninety, dined together at the Albion Tavern, under the chairmanship of Mr. H. DOUGLAS CARDEN of Worcester. Amongst the visitors were Sir A. Armstrong, the Director-General of the Naval Medical Department; the Presidents of the Medical Council (Dr. Paget), of the Royal Colleges of Physicians and Surgeons, (Dr. Burrows and Sir William Fergusson, Bart.); Dr. Dalrymple, M. P.; Dr. Sayre, of New York; etc.

Among other toasts offered was that of "The Representative Institutions of America."

Dr. SAYRE responded in the following terms: I am so overwhelmed with the applause with which you have been kind enough to receive the sentiment in honor of my country, that I feel totally inadequate to express in language a proper sense of my gratitude for the honor conferred, not upon me, but upon my native land. I most sincerely regret that some one more competent than myself is not present to respond in fitting language to the high compliment which you have been pleased to pass upon American surgery. My distinguished friend, Sir William Fergusson, has just alluded to the "go ahead" principal exhibited by American surgeons, and to the desire now existing among the profession in England to unite the two branches of the profession, which at the present time are so distinctly separate.

It is my impression, that one of the principle reasons for the rapid strides in our profession in America is the fact that we have already had the marriage ceremony performed, and are thus living in a nominal professional condition, which necessarily keeps us in a healthy, active, and vigorous vitality. Celibacy, even in the church—inasmuch as it is in violation of the laws of nature—is necessarily injurious to the physical condition of man; so in our profession, things which naturally assimilate together, and to be perfect must be united, should never be separated by conventional rules. It is impossible for a man to be a thorougly qualified surgeon, unless he be also a competent physician. Neither can a man be a properly qualified physician, unless he be also a competent judge of the proper time when to call in the aid of the acting surgeon. As far as my observation goes, the difference between English, French, and German medicine and surgery is this.

We go to France to learn the alphabet of our profession, correctness of diagnosis, to be able to give the name, nature, and exact locality of any given disease; and if, when death takes place, the *post mortem* examination reveals the correctness of the diagnosis, the Frenchman is content. We go to Germany to learn the exact pathological changes that have occurred during disease, and through it. Months, and even years, of the most laborious scientific research have been spent in the minutest investigation by the microscope, and by chemical tests and analyses of the different structures of the human body, to ascertain the various changes that have been produced in their composition by different diseases. And both of these great nations have contributed much to the advancement of our profession. But we have come to the plain practical sense of old John Bull, for the application of the best means of preventing suffering, and relieving man from the various ills to which human flesh is heir. [*Cheers.*]

A Trance Girl.

The following sensational item appears in a Pittsburg paper: Miss Emeline Taylor, the trance girl, has come back to earth again, after remaining twenty-one days in a trance, eating nothing, and got up as hale and hearty, talking and laughing, as if nothing had occurred. It is certainly a very strange case, and seems to baffle the minds of all that have taken an interest in her case. Thirteen eminent physicians visited her, as well as a number of the clergy, and none of them have advanced an idea as to the cause of her strange situation.

Barbarous Treatment of the Insane.

The treatment of the insane in Michigan is said to be barbarous in the extreme. A Barry county paper says that a resident of that county, while visiting the town of Wayne, being suspected of insanity, was taken from his bed at night and conveyed to the Wayne

County Insane Asylum, where he was chained down to the floor of a cell which was entirely destitute of furniture, where he was kept for four weeks, and often brutally flogged by his keepers. He finally made his escape, and it is claimed by his friends that he was never otherwise than perfectly sane. The Detroit *Post* says that almost within earshot of the citizens of Detroit the crazy inmates of Wayne County Asylum are the victims of shocking inhumanity from the officials in charge of them, who know nothing whatever in regard to the proper treatment of insane persons.

——PROF. DR. D. FRS. WEBER, prosector at the Anatomical Institute in Leipzig, died recently in his 65th year.

——The Indianapolis *News* says: For the past two or three weeks an average per day of forty or fifty persons, having the whooping cough visit the purifying room of the gas works. A cure is effected by the person coming five or six times and staying ten or fifteen minutes each time. Relief is felt usually within a day.

——Now that the army has been reduced to 30,000 men, the Government can get more recruits than are needed; therefore, the standard of height has been raised to five feet six inches, one inch more than heretofore.

——An experienced dark nurse says: "It isn't much trouble to take care o' sick pussens; most on 'em don't want anything, and if they do, they don't get it."

——A portrait of Dr. JENNER adorns the walls of the National Gallery. A woman, pointing to it, said to her girls: "There's the man that's making such a lot of children suffer now from vaccination."

——The compiler of Thomas Jefferson's private life relates of the great physical strength of Jefferson, that standing between two hogsheads of sugar, lying on their sides, he could at the same time raise both upon their heads.

——Dr. G. W. BRECK, of Springfield, Mass., got a verdict against the Connecticut River Railroad for $10,000 damages, for injuries received by a collision at Northampton, in June, 1870. He claimed $40,000.

——The Medical Society of Burlington county has erected a marble monument at Mount Holly in memory of the late Dr. I. P. COLEMAN.

——The late PROFESSOR KUSS, of Strasburg. A subscription has been commenced at Lyons with a view of raising a monument to the memory of Prof. Kuss, one of the most eminent professors of the Medical Faculty of Strasburg, who died at Bordeaux whilst attending the meetings of the National Assembly, of which he had been elected a member.

——The Imperial Government as well as the local authorities have adopted most stringent measures for preventing the spreading of the cholera. Twenty-three persons were attacked with the disease at Konigsberg Aug. 12, thirteen of whom are already dead. No cases of cholera have appeared in the south of Russia. Still later (Aug. 14) a case is reported in London.

——DR. RICHARD A. VARICK, for forty years a physician of Poughkeepsie, N. Y., was found dead in his bed, on August the tenth.

QUERIES AND REPLIES.

The Magnetic Spring.

Dr. S. Z. D., of Ohio.—The magnetic springs furnish a chalybeate water, which is a good tonic. Their "magnetic" property is probably fortuitous, and has nothing to do with any therapeutical value they possess. In some cases of *chronic* rheumatism, they would be beneficial; in acute and sub-acute cases the reverse. A good obstetric short forceps costs $16.00.

Cundurango.

Dr. J. T. P., of Ills.—We have no cundurango. About 500 pounds is expected this month in N. Y. from Caracas. Apply to the Commissioner of Agriculture, Washington. We understand it is consigned to him we doubt its value.

Bichat—Servetus.

D. F. R., of Ind.—1. The famous anatomist, Bichat, died at the age of thirty-two, from a typhoid fever—and, it is also said, from excessive devotion to pleasure as well as study. 2. The claims of Servetus to the discovery of the circulation of the blood do not bear serious investigation.

Identity of Scrofula and Syphilis.

Dr. M. C., of W. Va.—We know of no special treatise on the subject. It is touched upon in many different works.

Churchill's Tinct. Iodine.

A correspondent wishes the original formula of this preparation.

To Remove Warts.

Dr. A. J. O., of Ills.—If you touch lightly the small warts every day or two with chromic acid, they will soon disappear.

MARRIED.

ASHTON—NIEMANN—On the 3d inst., by the Rev. George Bringhurst, A. H. Ashton, M. D., to Emma C., daughter of the late C. Henry Niemann.

EDELEN—CARROLL—At Fort Smith, Ark., on July 20th, 1871, at church of Immaculate Conception, by the Rev. Father L. Smyth, J. E. Edelen, M. D., son of Dr. J. B. Edelen, late C. S. A., to Miss Mattie Carroll, third daughter of the late Col. Carroll, C. S. A., of Franklin county.

KINGERLY—DAVIS—At the Pickaway House, in Circleville, on the 19th inst., by the Rev. Thomas Hill, Dr. James M. Kingerly and Mrs. Jennie O. Davis, both of Genoa, Pickaway county.

DIED.

BIBBY—On Wednesday, August 2, at the Van Cortlandt Mansion, Yonkers, Augusta, wife of Edward N. Bibby, M. D., in the 78th year of her age.

GUTHRIE—On Tuesday afternoon, August 8, 1871, at 3 o'clock, at Shadyside, Pa., Mary H., wife of A. M. Guthrie, and daughter of Dr. C. G. Hussey.

HENDRICK—At his late residence, near Milford, Ohio, Thursday evening, August 3, 1871, Dr. L. A. Hendrick, sr., in the 77th year of his age.

JULER—On Sunday morning, July 16th, at 11 Norland Square, Bayswater, London, in the midst of her friends, Caroline, the wife of Dr. Juler, of Covington, Kentucky.